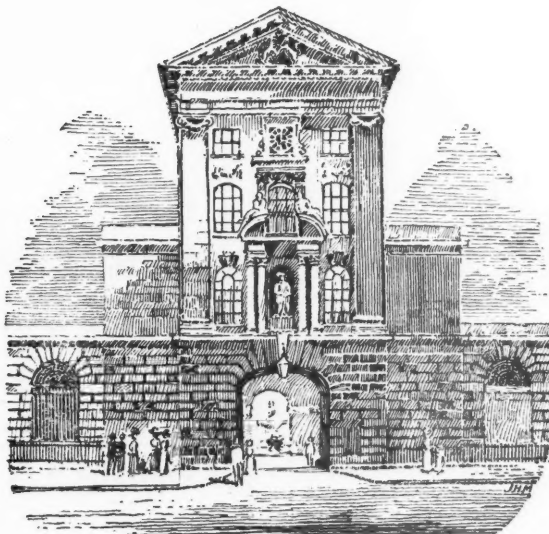


# ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVI.—No. 3.

DECEMBER, 1928.

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"Æquam memento rebus in arduis  
Servare mentem."  
—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXXVI.—No. 3.]

DECEMBER 1ST, 1928.

PRICE NINEPENCE.

### CALENDAR.

- Sat., Dec. 1.—Rugby Match v. Plymouth Albion. Home.  
Association Match v. Old Chalmelians. Home.
- Mon., „ 3.—Special Subject: Clinical Lecture by Mr. Cumberbatch.
- Tues., „ 4.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Thurs., „ 6.—**Abernethian Society.**—5.0 p.m.: **A. S. Cortlandt MacMahon. "Affections of the Voice and Speech, and the Treatment of Visceroptosis."**
- Fri., „ 7.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Tues., „ 11.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Wed., „ 12.—Association Match v. St. John's College, Cambridge. Home.
- Fri., „ 14.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Sat., „ 15.—Rugby Match v. Northampton. Away.  
Association Match v. University College. Home.
- Tues., „ 18.—Prof. Fraser and Prof. Gask on duty.
- Thurs., „ 20.—**Last day for receiving matter for the January issue of the Journal.**
- Fri., „ 21.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Tues., „ 25.—**Christmas Day.**  
Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Fri., „ 28.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.

### EDITORIAL.

**W**E regret to announce the resignation of Mr. F. C. Roles, editor of the JOURNAL, who, for the past two years, has manipulated the complicated wires of the organ with a versatile hand. His skill in cultivating deserts is only equalled by his management of the too exuberant cases of the editorial

world. Among his many virtues as a writer and an illustrator we would desire to place on record his *flair* for figure-skating (an obscure metaphor that is only justified by the occasional frailty of the ice he frequented). Our regrets are tempered only by the hope that his pen will be at our service in his larger future.

\* \* \*

The Amateur Dramatic Society, intimidated, no doubt, by the blood-thirsty glut of mystery and murder that floods Shaftesbury Avenue, had decided to introduce to London, from the countryside, a spirit of hearty buffoonery and "clean fun." Upon January 8th, 9th, 10th and 11th, they are to produce a play entitled "Arms and the Man," by an Irish playwright, George B. Shaw. Whatever the qualities of this obscure author, we are confident that the A.D.S. will give to us a fine entertainment.

\* \* \*

A note of Christmas festivity is introduced into the JOURNAL this month. We earnestly draw your attention to the coloured inset and its advice. There must be so many people difficult to please with apt presents, *Round the Fountain* will meet their needs. They will find a range of subjects wide enough to include all reasonable tastes. "From Rahere to Recent Advances" might be its substitute, were it in need of one.

\* \* \*

Order your copy now.—Advert.

\* \* \*

The Cambridge Graduates' Club held its Annual Dinner on Wednesday, November 21st, at the Mayfair Hotel. Mr. Frank Rose was in the Chair. In proposing the Club, Mr. Rose referred to the loss it had sustained in the deaths of Sir Hugh Anderson and Mr. Basil

Lang. The Club had been enriched by twenty-seven new members, while among its old ones Mr. Keynes had become Assistant Surgeon to the Hospital and Mr. N. G. Horner editor of the *British Medical Journal*. Oxford, as a University, received from the chairman its due meed of pity.

Dr. Hadfield, who proposed "The Guests," claimed to have been a school-fellow and tent-mate of Mr. Vick's. After Mr. Roche had given his now indispensable imitations (if the victims will allow that they have verisimilitude), Sir John Parsons replied for the Guests.

In reply to Dr. Hadfield's remark that most of the members present were among the worst H.S.'s Sir Holburt ever had, Sir Holburt Waring spoke about a dresser from a nameless University who cheerfully told him that the counted instruments were "about right, sir."

Dr. Langdon Brown related some of the dimmer past of the chairman, who replied with the toast of "The Ever-efficient Secretaries."

After, at Dr. Morley Fletcher's, "Hairy Rouchy" presided with her usual aplomb.

\* \* \*

#### THE OUT-PATIENTS AGAIN.

C.O. (to female patient): "You were in——Ward?"

F.P.: "Yes, sir."

C.O.: "What was the complaint?"

F.P. (indignantly): "None. I was always treated as a perfect lady!"

\* \* \*

At the door:

"You a new patient, Mother?"

"No, Miss. It's me little boy."

"Oh. He a new patient?"

"No, Miss."


"Well, what is it?"

"He wants a ticket for the Christmas Party."

### OBITUARY.

SIR HUGH ANDERSON.

MASTER OF CAIUS.

IR HUGH KERR ANDERSON, M.D., F.R.S., Master of Gonville and Caius College, Cambridge, whose death, at the age of 63, is announced on another page, came of the well-known

family of ship-owners. Born on July 6th, 1865, he was sent to Harrow, where he was Sayer Scholar, and left with a scholarship at Gonville and Caius College. After taking first classes in both parts of the Natural Sciences Tripos, he went to St. Bartholomew's Hospital, becoming M.D. and F.R.C.P. in due course. He wrote a good many technical papers on physiological subjects in scientific periodicals, which have a solid value; and he eventually returned to his old college at Cambridge as Fellow and Lecturer. He was elected F.R.S. in 1907 for his researches in the physiology of the nervous system.

Being a man of firm opinions, with great natural industry, a clear head for business, and strong public spirit, he became more and more drawn into administrative work, and was elected Master of his College in 1912. He continued to teach, and filled his time with university business, seldom indeed declining any unpaid and laborious office. Thus he was for many years an active member of the Press Syndicate, and eventually chairman. He was appointed a member of the Universities Commission in 1919, and of the University of Cambridge Statutory Commission in 1922, and was widely credited with the inception and working out of the provisions relating to the faculty system. His conclusions and suggestions were not wholly to the taste of many members of the University, and he was a man whom it was difficult to convince. He was a most disinterested man, with a strong sense of justice, highly sensitive to criticism, but, if anything, deficient in imaginative sympathy.

As a teacher he enjoyed in a marked degree the confidence and affection of his pupils, and the younger generation of Cambridge physiologists owe a heavy debt to his inspiration. He habitually overworked himself; his small active figure and his pale, eager and intelligent face gave him a very characteristic aspect. As a chairman, he was conspicuously courteous and genial, but a somewhat sharp temper, habitually kept under control, gave great weight to his occasional severity; a strong sense of humour, and an usually keen appreciation of the good qualities of others, coupled with a quiet, modest and considerate manner, made him universally popular. He was in fact one of the most influential men in Cambridge. He was so accessible and cordial, and so entirely free from affectation or pomposity, that he was loved as much as he was respected. He received the honour of knighthood in 1922. He married Jessie, daughter of Surgeon-General F. W. Innes; and Lady Anderson's charm and cultured outlook made his house one of the pleasantest in Cambridge.\*

The *British Medical Journal* of November 10th gives

\* Reprinted by the courtesy of the *Times*, November 3rd, 1928.

four distinguished notices which well merit quotation. Sir William Hardy presents the enigma of the "acute scientific intellect" and of the "teacher of rare quality," who after adding fundamentals to research turned aside to "be a wise and kind counsellor in affairs," setting individuals on the road to prosperity, and putting through vast plans for his Medical School and College. While Gaskell, Langley and Anderson started a new movement in Physiology, as Sir Humphry Rolleston points out, Anderson was perhaps the real successor to Sir Michael Foster in the Medical School.

His sensitive humility has been described by everyone and was the most extraordinary feature of this enigmatic man, causing him to do much hard work for which others achieved credit.

Sir Walter Fletcher's striking comparison between the late Master and the Founder of Caius College ends with the significant sentence: "He died at exactly the same age, and again like Caius, he was brought home for the last time to his College, passing as he did after a life of Humility and Fortitude out at the Gate of Honour."

At the funeral service held in Caius Chapel on November 6th this Hospital was officially represented by Dr. W. S. A. Griffiths.

### "JUST NERVES."\*

**N**OW often one hears the diagnosis made, especially by laymen, of "just nerves," by which they mean that there is nothing the matter, or at least nothing more than can be put right by an effort of the will. No wonder the patient dreads the diagnosis of "just nerves," and so frequently says, "I should feel so ashamed, so humiliated, if it is just nerves."

The line I take at the outset with such patients is to tell them of my first sight in the dissecting-room of the brachial plexus. When I saw this complicated network I thought if the heart or the lungs can go wrong why should not this machinery go wrong also. Yet no one is ashamed of a disease of the heart or lungs. I admit this is not an accurate illustration, for "just nerves" is not a disturbance of peripheral nerve-trunks. In so far as the condition has a structural basis at all, it can only mean a disturbance of conduction at the synapses between association cells. But then I go on

\* Being portions of two clinical lectures delivered at St. Bartholomew's Hospital.

to ask why should a disturbance at this point be a subject for shame, since it is exactly the wealth of our associational powers which distinguishes us from the lower animals. There is no reason for being humiliated by a disorder of this essentially human attribute.

Yet even animals can develop functional nervous diseases, as Pavlov and Anrep showed by their experiments on conditioned reflexes. When the dog was unable readily to distinguish whether the given signal meant that he was or was not to receive food, all his conditioned reflexes were upset and he became psychoneurotic. They concluded that it was an excessive demand for internal inhibition which provokes these disordered reflexes, and it is a similar demand which is at the root of many, if not most, functional nervous diseases in man.

Macfie Campbell says: "The mechanisms by which [man] adapts himself to the simpler factors in the environment have been made the object of intensive study, and medicine can claim that it has increased the number of infants who survive and has prolonged the span of the individual life. So far medicine has given scant consideration to the mechanisms by which man adapts himself to the social environment. . . ." "The medical profession now boasts proudly of the quantitative addition it has made to human life; the time may come when it will point with equal pride to measures which have added to the quality of human life, and which have helped the individual and the group to deal more sanely and soundly with those vital issues upon the management of which the special significance and value of human life depend."

Dealing with delusions, which are only an external symptom of functional nerve disease, he says: "The delusion of one person, rejected by his contemporaries, may in another group or period become a socially acceptable belief. Delusion is no strange and mysterious element . . . [but] an attempt of the personality to deal with special difficulties, in which attempt the mind not infrequently tends to revert to primitive modes of adaptation. . . . Like fever [it] is to be looked on as part of Nature's attempt at a cure, an endeavour to neutralize some disturbing factor, to compensate for some handicap. . . . [We need] a fuller appreciation of the process by which the mentally disordered struggle, though unavailingly, to build up a universe which does justice to their needs."

Now I would state my views as to the origin of psychoneuroses in a series of dogmatic propositions:

- (1) To be happy in this world it is necessary to have a definite objective and an emotional interest.
- (2) If these are lacking or are disappointed or come into severe conflict with other ideas there is an increased



demand for internal inhibition, which we have already seen may excite an abnormal reaction even in animals if it becomes excessive.

(3) The higher levels of the nervous system are the more recent in the evolution of the race and in the development of the individual. In the disintegrative processes of disease, as Hughlings Jackson long ago pointed out, levels that are the latest to appear are the earliest to suffer.

(4) Therefore when the demand for internal inhibition becomes excessive through failure of something necessary to happiness, the sufferer tends to revert to a habit of mind that belongs to an earlier stage in the evolution of the race or the development of the individual. This is a defence reaction, an attempt to adjust at a more primitive level.

In other words, the psychoneurotic always reverts to atavistic or infantile methods of thought. Among these we find a belief in magic and the omnipotence of thought, undue suggestibility, unreasoning terrors, undue dependence on the parent of the opposite sex, hostility towards the parent of the same sex, and a retreat from the responsibilities of adult life, which, in extreme cases, expresses itself as a longing for security and protection of intra-uterine existence.

Let me illustrate each of these by examples:

(1) *A belief in magic.*—Frazer points out that charms may be based on the law of similarity, by which the magician infers that he can produce any effect he desires merely by imitating it, or on the law of contact, by which he infers that whatever he does to a material object will affect equally the person with whom the object was once in contact. The first may be called homœopathic or imitative magic, the second contagious magic.

These two principles are merely two different misapplications of the association of ideas. Homœopathic magic commits the mistake of assuming that things which resemble each other are the same; contagious magic commits the mistake of assuming that things which have once been in contact with each other are always in contact.

Patients always have a craving for magic. This is expressed in the common phrase, "It worked like magic." The very name "homœopathic magic" suggests a well-known method of medicine which proclaims "like cures like," and which asserts that if I do not believe this I must believe that unlike cures unlike, and labels me an allopath, which is about as sensible as saying that if I do not believe the moon is made of green cheese I must believe it is made of chalk. Such methods of thought may be appropriate to the ancient Hindoos, who treated jaundice by painting the patient a brighter yellow with turmeric, but it has no place in scientific

medicine. Contagious magic is still exemplified in Suffolk, where, if a man cuts himself with a scythe, he oils the scythe to prevent the wound from festering. A man came to a doctor with an inflamed hand, having run a thorn into it while he was hedging. On being told the hand was festering, he remarked, "That didn't ought to, for I greased the bush well arter I pulled it out" (Frazer).

Even apparently educated people believe in magical cures, such as those wrought by a certain notorious box which cures cancer, or a ring that cures rheumatism. And it is noteworthy that as a belief in magic preceded a belief in religion, so the psychoneurotic tends towards religions that emphasize the value of magical rites rather than a spiritual aspect.

(2) *The omnipotence of thought.*—"Nothing is good or ill, but thinking makes it so." The savage believes that he can have many things his own way by merely thinking they are so, the child becomes a Red Indian or a railway engine, the Christian scientist disposes of pain and sickness as a "false claim." There are no such things because he wishes them not to be. Unfulfilled desires may seek refuge in this omnipotence of thought. Thus an unmarried woman of 64 began to be disturbed by finding that she was the object of attention of various men whom she did not see and could not identify. Voices, however, said they wanted her. She heard the voices of the plotters arranging to take her away in a yacht. Young millionaires in motor cars kept circling round her place of residence. Here the frontiers of insanity had been definitely crossed. Less imaginative women may confine their attention to searching under the bed for a burglar. But the underlying idea is the same. Even very able men in the sorrow of a bereavement have found relief in asserting that a dead son can still smoke a cigar and drink a whisky and soda. Reality is blotted out by the strength of the wish that seeks fulfilment.

(3) *Undue suggestibility.*—All gregarious animals are suggestible, or otherwise there would be no cohesion in the herd. Man is a gregarious animal, therefore he is suggestible. And how suggestible he is advertising agents know. I recently saw it estimated that only 25% of goods sold in America are really needed, the remaining 75% being merely pushed on the consumer by advertisement. The advertisement columns of an American magazine are more hugely comic than any of their jokes. People lament the drink bill of England, but apparently no one was shocked, except myself, when it was triumphantly announced that our expenditure on advertisements had gone up from 100 to 150 millions. Think what it means—not only are people induced to buy what they don't want and thus waste

their money; they are also convinced of the value of many totally worthless things. During the grim days of the later part of the war almost the only smiling faces one could see were those that grinned from the hoardings, rejoicing because they had found the ideal dentifrice, the perfect cigarette or the unbreakable sock-suspender. The obvious suggestion was to associate the ideas of purchase and happiness.

Now advertisers are practical men. They have no intention of wasting their own money, however much they intend other people to waste theirs. They know the cash value of suggestibility.

Thomas Burke has well described the clientele to which they appeal: "They are the citizens of a world of Little Pink Pamphlets and Little Daily Doses. They are the people who are shouted at, screamed at, whispered at; commanded, cajoled and hypnotized; and they Eat More Fruit when they are told to, and Drink More Milk; Get that Worth-While Feeling and they Say it with Flowers and Go to Sunny Sunport for their Holidays; and they Keep that Schoolgirl Complexion and believe that Good Cigarettes are a Perfect Digestive. . . . And over them the guardian angel of stunt and slogan drops his crooked laughter" (*The Sun in Splendour*).

If the average man is thus suggestible, how much more suggestible is the man sick in body or in mind! He is at the mercy of the first person he meets with a quack recipe in his pocket. I feel very strongly that it is the duty of the medical man not to suggest ill-health.

(4) *Unreasoning terrors*.—Fear is a defensive mechanism, of obvious survival value; unreasoning fear is a perversion of this defensive mechanism, usually arising from some internal conflict or the persistence of some early painful impression. Phobias are a reversion to the night terrors of childhood or to the mentality of a savage, who walks all his days hedged in between totem and taboo. H. G. Wells, in his *Mr. Bletsworthy*, reminds us that the savage is really far more neurotic than civilized man—a fact we are very apt to ignore.

I said in a former lecture, "Fear, whether of evil spirits, of magic, of the dark, panic fear dominated primitive man, and whenever our resistance is lowered by disease, by shock or by psychic conflict, we betray our ancestry. That strange primitive being which lurks in the unconscious mind of us all, peeps out."

Well, as that wonderful old lady Jane Harrison remarked, man has got to be afraid of something. He's no longer afraid of hell, so he has to be afraid of germs, of cancer or something.

Or, as Havelock Ellis said: "When other animals cease to torture [man] he must torture himself. Having

destroyed the wolf, man must become a wolf unto himself. When he has destroyed the natural causes of fear it is inevitable that he should replace them by substitutes."

Of all the people I know the most fear-ridden are the Jews. Due to centuries of persecution, you may say. But are acquired characters transmitted? I look farther back and see that the Jews originally stood for spiritual values, as their literature proves. Now, after those centuries of persecution they are safe, even in Russia, where they are paying off old scores. And in their safety they are attaching enormous importance to material comfort, insuring themselves against anything that could disturb it, displaying a profound belief in chocolate and cotton-wool. And they are always finding good and sufficient reasons for going on doing this. So in spite of a strength of family affection that might shame the rest of us, in spite of artistic accomplishment, they are denying their higher needs, and suffer in consequence from phobias far beyond the common lot. Look into any case of phobia or anxiety neurosis, and you will find some psychic trauma or conflict the origin of which may probably be quite unrecognized by the patient.

(5) *Psychoneurotic reactions between parent and child*.—There is no more disastrous fallacy in conventional thought than that the relationship between parent and child is naturally easy and simple. It is far better to realize that difficulties inevitably arise, difficulties which call for consideration and courage on both sides. Parental love is instinctive and possessive, and the child, as he or she grows up, may find one of two difficulties—either a tendency to excessive dependence as in the days of infancy, or a resistance on the parent's part to the children establishing their own individuality. Too often the parent expects the child to be a replica, an extension of his own ego—which, considering the care Nature has taken to kaleidoscope the chromosomes, is as impossible as it is undesirable in the interests of the race.\* Undue dependence is more likely between the parent and child of opposite sex, antagonism between those of the same sex. For this reason alone a real sex war is impossible.

Anorexia nervosa, a psychoneurosis in girls after puberty, accompanied by amenorrhœa and self-starvation is, in my experience, invariably associated with a hostility towards the mother. But this hostility may show itself much earlier, and I recently came across a case of a female child of two who displayed tragic misery

\* "A child rightly brought up will be like a willow branch, which, broken off and touching the ground, at once takes root. Bring up your children so that they will root easily in their own soil, and not for ever be grafted into your old trunk and boughs."—Henry Ward Beecher.

in the presence of her mother. She was unwilling to take food, and such as she did take disagreed with her. Yet with her grandmother she was quite happy, ate well and put on weight rapidly. I have never come across another instance so early in life as this.

A doctor friend of mine had a small boy of 7 who displayed anger whenever his father kissed his mother, and would then often strike his father. They thought it amusing, and actually "showed off" this accomplishment of his to me. His father was quite surprised when I warned him of the trouble they were preparing for the future.

Rather more than two years ago in an Abernethian Lecture I dealt with mother-fixation, illustrating it from Barrie's work. To-day I should like to refer to two cases of psychoneuroses developed in successful professional men in their conflict to detach themselves from the overwhelming influence of the mother.

One of these, a man now 42, has consulted me at intervals for over ten years. After two great shocks during the war he developed extraordinary vasomotor disturbances, which have continued at intervals ever since. Various endocrine symptoms followed, which led some physicians he saw to label him as hypopituitarism at one time, hypoadrenalism at another, and so on. He consulted an eminent German physician, who said that there was no disease of any gland, but a loss of balance between them, so that sometimes one and sometimes another gland appeared to be affected. My contention was that the disturbed balance and the vasomotor troubles must be due to some common factor, and that the only common factor I could suggest was the sympathetic nervous system. And, further, that though shock could affect the sympathetic nervous system, the effect could not be so prolonged unless there was some continuing psychological cause. This suggestion always seemed to annoy him. He maintained that there must be a physical cause which I could not find out. He went on to say that he was surprised that I, with a presumably scientific training, should say such a thing. Mind and body were quite distinct and could not influence one another. I could only retort that for a presumably intelligent man to say such a thing showed that he had some reason for denying their obvious interactions. Moreover, I thought to myself, a man does not keep coming for ten years and paying me fees for telling him something he really thinks nonsense. Well, a few weeks ago he suddenly blurted out the secret he had so carefully denied the existence of—his mother, now aged 70, has always tried to drive a wedge in between his wife and himself. He had told me that he dated his nervous troubles from his marriage, which had led

me to a natural but evidently erroneous conclusion. His wife and he were much attached to each other and his mother's attitude was disastrous to his health. If he could detach himself from maternal influence—for this is a case where compromise is impossible—the conflict would be over. But he can't make up his mind to this. However, when his mother objected to his going to the seaside this summer with his wife and children and said he ought to stay with her, I urged him to go. He went, and his health improved until he came under her influence again. I need hardly add that his mother is convinced that I do not understand his case.

The second case is one of a man of about the same age, whose mother died a year and a half ago; yet he cannot free himself from her dominating influence. During the war he attempted to do so and there was a tremendous scene when he joined up. Wires were pulled and he found himself transferred to a "cushy job." This produced an internal conflict because, as he said, "he was not any more anxious to be killed than anyone else." He had a phobia about going for railway journeys because in early life she had instilled in him a fear of meeting hostile strangers under these conditions, with the object of keeping him with her. He had a phobia about catching cold, because at the slightest sign of a cold she had put him to bed for two or three days. He asked if he could carry on his work if he did get an ordinary cold. I replied, "Yes; it is better for you to be free than safe."

Note that both these patients were highly successful professional men. Psychoneuroses are not confined to incompetent fools.

(6) *Retreat from life.*—A woman in the thirties, on her father's death, bought a property in the country. Here she lives with her mother, a big dog and as few servants as possible. Within a ring fence she made the house and grounds as beautiful as she could. She has good taste, and every detail has been thought out with meticulous care. She wishes for no visitors, and here, secluded from the world, she intended to be completely happy. But Nature took her revenge for this retreat from life, and she has been afflicted with one psychoneurosis after another. And she will continue to be as long as she persists in her present attitude; no ring fence will shut out psychoneuroses. For, as Maurice Nicoll says, "The psyche is not designed to be stationary, and if we seek to be static and to cling to outlived values in ourselves we must inevitably suffer, because we shall be at war with a principle in ourselves, not outside ourselves, although we may see it only so." And he claims that in human psychology is embodied a dynamic principle, the denial of which must produce psychological unhappiness.



Women are essentially more static than men. They may change their fashions more readily, but they cling to their earlier views more than men. For this reason they must be more subject to psychoneuroses than men. Hence, too, their amazing self-pity in a world which will keep changing.

But men and women alike who retreat from life will suffer and they will degenerate. Complete withdrawal means complete dementia, and it is most interesting to see how in that state the wish for withdrawal from contact with external life may express itself in such demented by the adoption for hours and even days of the attitude of a breech presentation *in utero*—for no one is so demented as to adopt the classical position of L.O.A.

A psychoneurosis may also have its origin in some strong instinctive impulse which is repressed as being inconsistent with the conscious standards of the individual. To me it seemed extraordinary that the censor who at first vetoed a beautiful play like "Young Woodley" permitted the production of a homosexual sadistic horror like "The Man with Red Hair." But perhaps he did not realize what it meant; that would be quite in accordance with the traditions of an office which censored serious artists like Ibsen and Bernard Shaw. The subject of a cruelty lust appears to have a curious fascination for Mr. Walpole, and I am sure from clinical experience that the condition which he is so fond of describing lies at the root of a good many psychoneuroses, although usually the real cause is unknown to the sufferer.

[An illustrative case was described in which the patient had a phobia of the sight of blood, leading to fainting attacks in specially unpleasant circumstances. This was traced to a repressed cruelty lust, and the gradual bringing of this to the patient's knowledge was followed by relief of his symptoms.]

W. LANGDON BROWN.

(To be concluded).

## THE DISCOVERY OF THE *TRICHINA SPIRALIS*.

**H**ARD as the stone upon which it is engraved, the most famous among Greek aphorisms reminds the newcomer to St. Bartholomew's that life is short and art long. There is a note of sadness in the realization that with the ever-increasing complexity of the medical curriculum the time of the student is so fully occupied with learning about the achievements of other men that original work is beyond his dreams.

How easy it is for a man with the world unconquered to become so intrigued by some one problem dear to his heart that he tends to lose altogether the sense of proportion in the work to which he is to devote his very existence. Yet who would deny that in the science, no less than in the art of medicine, vitalizing advance has ever been made by young recruits? Langerhans discovered the insular tissue of the pancreas which bears his name as a young medical student of twenty-two. One hundred years ago Wöhler, by changing ammonium cyanate into urea, founded organic chemistry. What happens to the river of energy when it has passed through the green fields of what Osler calls the anabolic period of life? Is Plato right in saying that the pace of living slackens after the age of thirty? It is interesting in this light once again to recall the familiar story of the discovery of the *Trichina spiralis* made by a medical student of twenty-one summers in the dissecting-rooms of this Hospital.

On January 30th, 1835, one Paulo Bianchi, an Italian, died in one of Dr. George Leith Roupell's wards. His emaciated body was dissected on February 2nd. The story goes that James Paget's scalpel became during the dissection of the muscles quickly and repeatedly blunt, meeting with a resistance in their substance. Other students had met with the same experience, but had been satisfied with attributing this resistance to the presence in the muscles of "spicula of bone." "Tommy" Wormald,\* the senior demonstrator, had already seen twenty or thirty subjects studded with whitish specks, but Paget was the first to suspect that these bodies which so obstinately delayed the progress of his dissection were of animal nature. His suspicion was correct. "All the men in the dissecting-rooms, teachers included, 'saw' the little specks in the muscles, but I believe that I alone 'looked at' them and 'observed' them; no one trained in natural history could have failed to do so."† His difficulty, strange to the ears of a modern generation, was to find a microscope with which to make a closer study of the structure of the parasite. St. Bartholomew's did not possess a simple dissecting lens. Full of enthusiasm, Paget called on John George Children, principal keeper of the Zoological Department at the British Museum, the only man of science whom the young student knew in London. But even Children did not own a microscope. He took Paget to Robert Browne, keeper of the botanical collections, who was working in the next room. It pleases the fancy to quote the very words‡ which Paget used

\* Second volume, *Minutes of the Proceedings of the Abernethian Society* (kept in the Hospital Library).

† *Memoirs and Letters of Sir James Paget*, 1901, p. 55.

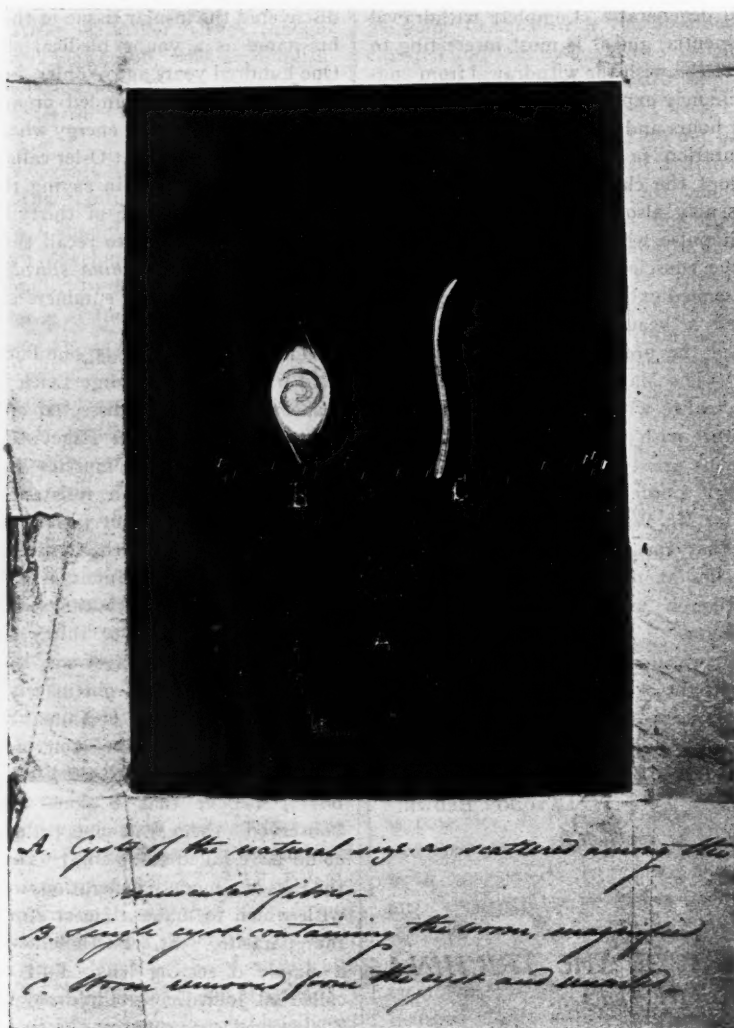
‡ *Lancet*, 1866, i, p. 269.

to describe his interview with this great scientist; there is charm in listening to his talk across these years:

"I shall not soon forget the feeling approaching to awe when I went to one whom I had long looked upon as the first physiological botanist of his time. I

Paget made a careful study of the parasite, a small worm  $\frac{1}{8}$  in. long coiled up in spiral form within a calcareous cyst. His original sketches are in the Library of the Royal College of Surgeons of England.

The young discoverer was invited to lecture about his



remember that, when Mr. Children entered his room, he said, 'Brown, do you know anything about intestinal worms?' and the answer was, 'No, thank heaven, nothing whatever.' Mr. Brown at once lent me his simple dissecting microscope, with which I soon observed structures in the worm which were before invisible. He himself dexterously pulled a worm from a cyst."

"find" before the Abernethian Society on February 6th, 1835. Of his account, which appears in the second volume of the minute book, Paget said later that it was "not indeed complete, but I believe not inaccurate, except in a blundering endeavour to assign its zoological relations."\*

\* *Lancet*, 1866, i, p. 269.

Edward Stanley, at that time Lecturer on Anatomy, recommended him to publish his account\* in the *London Medical Gazette*, but modesty prevented him from falling in with this suggestion.

Within a fortnight of his first observation he was able to confirm his discovery in the equally emaciated body of a poor Irish woman, aged 35, who had died in one of Lawrence's wards. As the body was dissected sooner after death than the first the parasites were more lively, and their movements could be studied with greater satisfaction. Portions of the muscles were distributed widely and found their way to that strange character Richard Owen, Conservator of the Museum of the Royal College of Surgeons, who established the nematoid nature of the worm and named it "*Trichina spiralis*." He read a paper before the Zoological Society on February 24th, 1835, entitled, "Description of a Microscopic Entozoon infesting the Muscles of the Human Body,"† an abstract of which appeared in the *London Medical Gazette* (1835, xvi, p. 125). While the great Owen basked in the sunshine of the applause of his professional brethren, the lonely heart of James Paget must have felt the injustice of this in aching scars, though the mask of his austerity belied his innermost feelings.

"The repute of the discovery would have been of no use to me, and I should have gained less happiness by disputing for it and obtaining it than I have enjoyed in the personal friendship with Owen ever since."‡

It is pleasant to contrast with these rather melancholy lines the letter§ which Paget dashed off to his brother Charles in the hot hour of triumph and in which he said that he had lately discovered a perfectly new animalcule, infesting in myriads the human muscle during life. "Fancy the body of a single individual supporting more separately existing creatures than the whole population of the whole world." A fortnight later he sends Charles a portion of muscle "containing some of the animalcules which I discovered, and which were last night baptized under the name of *Trichina spiralis* at the Zoological Society by Mr. Owen."

Paget deposited his original preparations in the Hospital Museum, but time has dealt with them unkindly. In the year 1881, the Pathological Institute of Leipzig presented a beautifully prepared specimen of the *Trichina* (D 36), when it was decided, with Sir James Paget's personal permission, to throw his historical specimens away. This clearance, which is not entirely free from pathos, was effected some time between 1884 and 1889.||

\* The MS. of his proposed communication to this journal is in the R.C.S. Library.

† *Trans. Zool. Soc.*, 1835, i, p. 315.

‡ *Memoirs*, p. 56.

§ February 11th, 1835 (Library R.C.S.).

|| Personal communication from Sir D'Arcy Power, K.B.E.

An account of the discovery of the *Trichina spiralis* would be incomplete without a brief reference to observations made on the subject prior to Paget's discovery. Friedrich Tiedemann,\* of Heidelberg, observed in the muscles of the body of a drunkard afflicted with gout "white stony concretions" from two to four lines (German "Linien") long. Analyzed by Leopold Gmelin, the famous chemist, they were found to consist of 73 parts phosphate of lime, 7 carbonate of lime, 20 animal matter, similar to albumen or fibrin. It is clear that Tiedemann never guessed the parasitic origin of these concretions. Let him slumber in our memory as the first scientist to have studied the *Trichina spiralis*.

In February, 1833, John Hilton, of Guy's, wrote a brief account of a "peculiar appearance observed in human muscle, probably depending upon the formation of very small cysticerci."† He did not succeed in detecting any organization in the muscle with the aid of the microscope.

Henry Wood‡, of Bristol, in October, 1834, studied the structure of the parasite and its influence on the body of man, but was unable to complete his investigations from want of proper value being set on the microscope as a means of pathological research. It will be recalled that Paget never tired of stressing the importance of the microscope in the work of the pathologist.

The parasite, having become encysted within the muscles of an animal, undergoes no further change. Usually its presence remains unsuspected during life. It is no matter for surprise, therefore, that many years had to slip by before Paget's discovery was amplified and completed by Herbst, Virchow, Zenker, and Kühne, who succeeded in working out the life-history of the worm. The disease—trichiniasis—affects, among others, pigs, and the parasite is introduced into the human body with insufficiently cooked ham or pork. By simple preventive measures trichiniasis has in the end been stamped out.

News of Paget's discovery spread slowly. In the winter of 1870 in the Toronto Medical School a young student named William Osler drew the attention of his colleagues and teachers to the presence of the trichina in the muscles of a body which he was engaged in dissecting. At that time next to nothing was known about trichiniasis in Canada. Osler's discovery was as a stone thrown into tranquil waters; more and more people became interested; literally thousands of sections must have been cut. Feeding experiments were performed upon animals in an endeavour to transmit the disease to other animals. It is fascinating to speculate what

\* Forriep's *Notizen*, 1822, i, p. 64.

† *London Medical Gazette*, xi, p. 605.

‡ *Ibid.*, 1835, xvi, p. 190.

enthusiasm this discovery must have aroused in the active minds of Father Johnson and James Bovell, who have left their indelible stamp on the character of the finest physician since Hippocrates.

This speculation may bring this historical sketch to a conclusion.

W. R. BETT.

### THE AFFAIR OF GILBERT GRINDLEIGH, ESQ., O.B.E., COINER AND PHILANTHROPIST.\*

*With apologies to Sir A. Conan Doyle.*

**I**HAD been tied to my own house for the last few days on account of a patient whose precarious condition worried me considerably. Although I had little enough to do otherwise, I could not leave my practice and join Sherlock Holmes, who had sailed four days previously for Vienna. During my time alone, as I waited for the call to my patient's bedside, which I expected hourly, I got out my case-book, and turning over its pages came upon a story unique in two ways—firstly, because in it both Holmes and I nearly lost our lives, and secondly, the account which I publish now for the first time was written on the day after our escape, when we both had scarce recovered from our adventure. I give the story exactly as it appears in my book.

It was a stormy night of December 23rd, 19—, and Sherlock Holmes and I were the sole occupants of a third-class compartment in a slow train battling its way against the wind in a remote part of the north-west of Scotland. The weather was piercingly cold, and rain and snow rattled on our window with every gust of wind. The weak gas-jet with which our carriage was illuminated flickered continually, and at times threatened to go out altogether. For the greater part of the journey Holmes had chatted pleasantly enough on some of the many topics of which he is a master, but after leaving Inverness and joining this slow train he had relapsed into a morose silence, and now sat huddled up in the opposite corner, filling the stuffy compartment with the fumes from his large pipe.

"Have you ever heard of Mr. Gilbert Grindleigh, O.B.E.?" he suddenly asked. "Of course," I replied, "the benevolent old gentleman who is so interested in the welfare of backward school-children—"

"—and incidentally," interrupted Holmes, "one of the greatest villains who ever disgraced his country."

"Impossible," I cried. "I have met him several times and found him well-educated and charming in every way."

\* Our special Christmas number story.

"Exactly," replied my friend, "his philanthropic work, which is always widely published, is merely a blind to cover his nefarious work elsewhere. The Bank of England has long been troubled by a constant stream of counterfeit coins which has continued to increase for many years. I was consulted, and to cut a long story short I have tracked them to a gang of four, working about ten miles from Ardachnairn, which is our destination. Grindleigh is the leader. I have spent some weeks in the neighbourhood, and occupied a small one-roomed shepherd's cottage during that time. Thieves fall out, and these are no exception. Their stronghold is a cave, reached by a tunnel concealed in the heather in the midst of a desolate stretch of moorland which extends to the cliffs themselves. One other mode of exit is possible by a hole in the cliff face. This is sixty feet above the sea-level, but placed in one wall of a wide and deep cleft in the rocks. It is thus hidden from view from the sea, and it is from this exit that they purpose to hurl their leader to-morrow."

"But surely," I said, "it is a clumsy method; why not shoot him and have done with it?"

"Really, my dear Watson," said Holmes, "you grow more obtuse daily. Imagine the headlines the next day! If his body is found with obvious signs of murder printed on it, a hue and cry will be raised, which will bring the whole of Scotland Yard up here in a body. If, however, his body is washed up and let us say a few articles of clothing tastefully arranged on the edge of the cliff with perhaps a shotgun thrown in, there will be the obvious verdict that the unfortunate gentleman fell over the cliffs while shooting, and all will die down in a few days. But I perceive we have reached our destination."

Our train slowly came to a standstill, and we left the warmth of our compartment for the bitter night air. The station was small and dimly lit; we were amongst half a dozen passengers and this was the terminus of the local railway. The other travellers were country folk who occupied a few poor houses clustered round the station and constituting the village. We picked up our bags and strode rapidly through the main street and out into the open country. The snow had ceased but the wind still blew strongly. Dawn was breaking, and a dull roar far away on my left together with a salty flavour in the air suggested that we were on the cliffs. We walked about five miles till we reached Holmes's hut, a tiny place with one small bed, and a minimum of furniture and kitchen utensils. By the time we had kindled a peat fire it was daylight. Holmes showed me a small wireless set which he had brought with him, "You see I have not forgotten our comfort," he said with a smile.



We spent the day in resting, and it was late on Christmas Eve before he outlined his plan to me as we walked the six miles to the scene of action. He led me finally by a zig-zag path down the cliff to the beach, along which we walked till we came to a projecting wall of rock jutting out to sea.

"Just round this corner," said Holmes, "is the cleft in the rocks which I have described. You will, I hope, forgive me for what I am going to say now. If one of us should perish (which is very possible) it is essential that the survivor should be able to complete the work single-handed. I know you are no mean detective from your handling of the Mayfair Mystery, but if I should fall I doubt very much whether you could round up the rest of the gang; that must be my part. What I propose is this: I will go overland and enter their den by the tunnel, and you will launch the little boat which I have hidden in this cave behind us and wait underneath the sea-wall for Grindleigh. They expect him at midnight and you must be ready for him. When he finds himself in the water he will no doubt make a bid for life, and you must capture him alive or dead; yours is by far the more dangerous part, but I know you understand," and he gripped my hand silently in the dark. In half an hour it will be Christmas Day, and I think a dinner, let us say in Piccadilly at the Fritz, will be a pleasant ending to our work. Can you manage 7 p.m.? A merry Christmas, Watson," and he disappeared without another word.

My heart was too full to reply as I realized the trust he had placed in me, and that perhaps I had seen him for the last time. After waiting on the beach for a short time I retired into the cave, as it had started to snow and the wind was rising. I found a small boat and two oars, and as the time drew near I pushed her out and down the beach to the water's edge. The moon was shedding a feeble light on the water, and by the dial of my watch I saw it was five minutes to twelve. I had some difficulty in launching my craft, but eventually by hard rowing I managed to pull into the cleft and drew in close to the wall. I had not long to wait.

Suddenly, far above me in the opposite wall a patch of light appeared in the dense black rock. Framed in this opening and thrown into strong silhouette four figures fought like tigers in a terrific struggle, in which three strove to hurl their leader from that great height. I watched fascinated, and could not help admiring the way in which he kicked and bit and almost held his own, but they gradually overcame him, and suddenly he shot over the edge, while the rest retreated a step and watched him. Down came my victim with lightning speed, and missing the boat by inches disappeared with a splash which nearly swamped me. I stood up with

my oar and waited. In a few seconds—it seemed like hours—a head rose out of the water and a hand clutched at my prow. But I was ready for him, and raising my oar I aimed a blow with all my strength at his skull. The boat, however, caught by an incoming wave rocked violently and I missed. Carried forward by the momentum and thrown off my balance, with an involuntary yell I went overboard and the icy waters of the Atlantic closed over my head. When I came up I saw with dismay that the tables were turned with a vengeance, for there was my prisoner crouching in the prow of my boat, like a vulture waiting for my death. I supported myself on my oar, watching meanwhile for his next move, when suddenly his companions up above started to fire on us. And then during a lull between the shots I heard to my amazement in familiar tones from the boat, "My dear Watson, perhaps you will join me as soon as you have finished your swim?" It was Holmes.

I plunged towards him, and by the aid of his helping hand I climbed aboard. As shots were still coming from the gloom we rowed out of range with all speed and had little trouble in landing, for a huge incoming wave threw us high up on the beach. As we gained the top of the cliffs we saw in the distance the powerful headlights of a car making its way southwards.

"There he goes," said Holmes grimly, "a few minutes late in arriving you see; he has heard the firing and decided to postpone his visit to a more promising date. Come along, let us go back too."

We were both drenched to the skin and shivering with cold. To make matters worse the snow fell more heavily and the moon deserted us. We trudged along in silence, but at the end of two hours had to confess that we were lost, and the best we could do was to keep moving in order to maintain our circulation.

"I can see, my dear Watson," said Sherlock Holmes at length, "that we are both in for influenza and it will be your turn to take charge."

"I agree," I replied, "and you must forgive me for what I am going to say now. In such crises it is essential that the medical man should remain as fit as possible. I know, my dear Holmes, that you are no mean clinician from your monograph on eclampsia. But if I were to succumb, I doubt very much whether you could treat yourself successfully. There are two methods of treatment open to us—the ambulatory method, and rest in bed with its attendant diet and drugs. We have only one bed, which I propose to occupy. There is certainly a slightly greater mortality with the ambulatory treatment, but I am sure you understand," and I held out a cold and wet hand, but owing to the darkness he did not see it.

Shortly afterwards dawn broke, and we managed by its feeble light to find our way back to the cottage, which we reached about eight o'clock. We made a fire and refreshed ourselves with a frugal breakfast, but Holmes's prophecy was all too true, and it has been the most miserable Christmas Day that I remember. As I write, it seems weeks ago instead of this morning that we fought our way through what must be one of the worst snow-storms in our memory. Holmes has just remembered that there are no trains in this part on Christmas Day or Boxing Day. He has been "listening-in," and says that at 7 p.m. Mr. Gilbert Grindleigh, O.B.E., who is presiding at a dinner at the Fritz Hotel, Piccadilly, will broadcast an appeal for money to provide Christmas dinners for backward school-children. He has himself given £100 as a start.

The snow is piling higher and higher on our window-sill and looks as though it will continue. The wind is howling round the cottage. Holmes is sitting in a chair, swathed in a blanket, with his feet immersed in a steaming bucket of mustard and water, and his eyes fixed on the white-washed wall with a look of such unutterable gloom on his face as I have seldom seen before. I am in Holmes's bed with my feet on Holmes's hot-water bottle, and by my side is a glass of hot whisky. I am also taking Dover's powder, gr. x every three hours. We have made a bet as to who is better first. We are taking it in turns with my thermometer, and although Holmes's temperature is still rising, mine has fallen half a degree within the last hour, and I think that I shall win.

F. W. J. W.

## STUDENTS' UNION.

### ABERNETHIAN SOCIETY.

A meeting of the above Society was held in the Abernethian Room on Thursday, November 15th, at 5.30 p.m., Mr. Davidson, Vice-President, in the Chair, when a Clinical Evening was held.

Five cases were to have been shown, but owing to various circumstances only two cases materialized.

Mr. R. E. M. FAWCETT showed a man, æt. 29, a cabinet maker, who complained of difficulty in walking for the last five years. The patient walked with a spastic and ataxic gait, had nystagmus, pallor of the temporal half of the optic discs, loss of abdominal reflexes, brisk arm reflexes, very brisk knee-jerks, brisk ankle-jerk, ankle and knee clonus and definite extensor plantar reflexes. The speech was slightly scanning and the writing was good.

The case was diagnosed as disseminated sclerosis and the following took part in the ensuing discussion: Messrs. Fisher, Matheson, MacVine, Stark, Wood, Robson, Hind and Fraser.

Mr. A. H. T. ROBB-SMITH showed a case of the peroneal type of progressive muscular atrophy. He first briefly dealt with the historical aspect, pointing out that this disorder was closely associated with St. Bartholomew's Hospital. First described in England by Ormerod, Howard Tooth, a demonstrator of physiology, made it the subject of his M.D. thesis, quite independently of Charcot and Marie's work.

The case was that of a man, æt. 46, a carpenter, who at the age of 7 years began to suffer from pes cavus, accompanied by weakness

of the calf muscles. At the age of 24 the muscles of his hand became wasted. In 1925 an ulcer developed on his left foot. A bilateral cuneiform tarsectomy was performed and he had been well since then, except that the ulcer on the foot sometimes healed and sometimes broke down. His mother and an aunt suffered from a similar complaint. The present condition was that there was wasting of intrinsic muscles of the hand and bilateral wasting of the legs below the knee with loss of power and reflexes; there was also an ulcer on the ball of the little toe. In the discussion which followed the case was generally diagnosed as that of the Charcot-Marie-Tooth type of progressive muscular atrophy. The following took part in the discussion: Messrs. Fawcett, MacVine, Ross, Matheson, Stark, Robson and Wood.

## HOCKEY.

### ST. BARTHOLOMEW'S HOSPITAL v. RADLETT.

October 27th, at Radlett. We travelled to Radlett expecting a mudbath after the heavy rain which fell during the week, but we were surprised to find quite a hard ground in need of rolling.

We won a rather disappointing game by six goals to two. The game was spoilt by the over-enthusiasm of one of the umpires, but I will say this for him, that he was quite impartial.

There were three reserves playing, Pagan ran strongly and centred well on the left wing, Carpenter played quite a good game, but was slow in the circle. Bradshaw played a very sound game at right half.

Francis headed the list of goal-scorers with four, Neill and McCoy with one each.

A short but heavy shower of rain in the second half made a dreary half still more dreary.

*Team.*—H. L. Hodgkinson (*goal*); F. C. H. White, P. M. Wright (*backs*); G. H. Bradshaw, W. F. Church, K. W. D. Hartley (*halves*); E. J. Neill, F. H. McCoy, R. H. Francis, R. Carpenter, A. T. Pagan (*forwards*).

### ST. BARTHOLOMEW'S HOSPITAL v. OLD CRANLEIGHANS.

November 3rd, at Winchmore. This is the second season that the O.C.'s have resumed playing, and they are to be congratulated in turning out such a good side. We won by four goals to two; our opponents put up a very stubborn defence, and were assisted by the bad shooting of the forwards. The team as a whole was playing badly, there was a general lack of combination and a slackness throughout. At half-time we were leading by three goals to two. After the interval, although pressing for most of the time, we only netted one goal.

*Team.*—H. L. Hodgkinson (*goal*); F. C. H. White, P. M. Wright (*backs*); G. H. Bradshaw, W. F. Church, J. H. Hunt (*halves*); E. J. Neill, F. H. McCoy, R. G. Fear, J. W. C. Symonds, A. G. Williams (*forwards*).

### ST. BARTHOLOMEW'S HOSPITAL v. EMMANUEL COLLEGE.

November 17th, at Cambridge. We won a hard and fast game by the odd goal in seven, thus reversing last year's score and keeping intact our unbeaten record for this season.

We won the toss and elected to play with the wind and sun behind us.

From the bully-off the forwards got away finely, and keeping up an almost continuous attack, proceeded to score twice through Francis and Thorne. Emmanuel now took up the attack and a considerable amount of heavy defence was got through by the halves and backs, but their right half scored. Shortly after they scored again and Neill retaliated. At half-time we were leading 3-2.

After the lemons, the game became faster and more open, moving continuously from one end to the other. Their left wing broke through and scored, the backs having come rather too far up field. McCoy scored after a delightful bit of combination with Thorne which baffled the defence.

Towards the end Emmanuel attacked hotly, but we just managed to keep our line intact until the end.

We won this game by making use of our opportunities.

*Team.*—H. L. Hodgkinson (*goal*); F. C. H. White, P. M. Wright (*backs*); M. S. Fordham, W. F. Church, K. W. D. Hartley (*halves*); E. J. Neill, V. Thorne-Thorne, R. H. Francis, F. H. McCoy, A. G. Williams (*forwards*).

## SWIMMING.

ST. BARTHOLOMEW'S HOSPITAL v. IMPERIAL COLLEGE.

Played at Great Smith Street Baths on November 23rd. A team race swum before the match resulted in a win for the Hospital by 1 second.

Defending the shallow end in the first half, the Hospital just failed to gain possession and the ball passed back; it soon reached our hands, however, and thanks to excellent work by Sutton, Race and Vartan were given the opportunities of several shots; both showed lack of practice, and it was not before some minutes had elapsed that Vartan sent in a shot which just trickled past the goal-keeper's hands. Sutton soon after added another, and then we had a narrow escape when our opponents received a penalty near our goal-line. Vartan scored again before half-time, but this was soon followed by some slack marking by our backs, which let them through for a goal.

In the second half the lack of training of the team became evident, with the exception of Sutton, who was everywhere and held the team together; thanks to his efforts our forwards had many opportunities, and although shooting was slightly improved, their goal-keeper, aided by now shallow water, defended well. Vartan, however, added two more goals and Sutton one, the game finishing with the Hospital 5 goals up.

Team.—Swimming: C. K. Vartan, J. H. West, R. G. Gilbert, R. J. C. Sutton.

Polo: J. C. Lloyd Williamson; R. G. Gilbert, J. H. West; R. J. C. Sutton; H. T. Halper, C. K. Vartan, R. R. Race.

We would like to point out that spectators at these games are always very welcome, and would urge all those interested to turn out as often as possible.

## CORRESPONDENCE.

THE R.A.M.C.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—As a result of a letter published by the various hospital gazettes, ten officers have taken commissions in the 47th (2nd London) Division, R.A.M.C. T.A. There still exists a few vacancies for keen officers in both this and the 56th (1st London) Division, R.A.M.C. T.A., and it is hoped that during the forthcoming year sufficient officers will come forward to bring both Divisions up to full strength.

Apart from other considerations the Messes offer all the advantages of a club, give plenty of facilities for exercise, and enlarge the circle of medical and other friends.

The Adjutants of both Divisions will be glad to interview applicants at these headquarters or elsewhere at any time.

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Yours faithfully,

Duke of York's Headqrs.,

Chelsea, S.W. 3;

November 20th, 1928.

D. W. MACKENZIE,

Capt. and Adjutant for A.D.M.S.,

47th (2nd London) Div. T.A.

## REVIEWS.

RECENT ADVANCES IN DISEASES OF CHILDREN. By WILFRED J. PEARSON, D.S.O., M.C., D.M., M.R.C.P., and W. G. WYLLIE, M.D., M.R.C.P. (J. & A. Churchill.) Price 15s.

For everything except the title-page of this book we can register almost unqualified approval; for here there are two mistakes, a misplaced comma in the list of Dr. Wyllie's appointments, and the equivocal name of the book itself, which was probably considered the only solution, but for which we think some other should have been found, if only in the addition of inverted commas to "Diseases of Children" or the substitution of that horrible word "paediatrics." This may seem pedantic, but taken literally the title denotes a monstrous pride in the supposed increase of disease in childhood to the tune of 569 pages.

It is open to question whether in this series the authors should have

indulged in so much that is an expression of personal opinion and is so far unconfirmed, in addition to their very admirable fulfilment of the function of an up-to-date review of the subject. We are firmly of opinion that they are completely justified in that they are very careful to state exactly where and why they differ from accepted views so that the unwary reader is never trapped by a false orthodoxy; and also because they subserve the important function of stimulating fresh thought and clinical research, and because their experience comprises that of six prominent hospitals, including Great Ormond Street.

A most conspicuous example of "New Thought" occurs in Chapter I, which deals, over about 50 pages, with matters such as a clinical division of child types into two—the lymphatic, alkaline or hypocalcic, and the hypercalcic or acid; with the neglected rôle played by various salts, including the antagonism of the sodium group and the calcium group; with the effects of sunlight, oxygen, vitamins, H-ion concentration, endocrines, etc., on metabolism.

Another revolutionary example is the section on the aetiology and treatment of acute respiratory disease. Following the researches of Blake, Cecil, McCallum and Gaskell, it is maintained, firstly, that pneumococci and streptococci cause both lobar and broncho-pneumonia, and secondly that infection occurs in all cases from the bronchial tree. Admitting that the above-mentioned researches were made on animals and require more proof when applied to man, many cogent arguments are advanced. One of these is that the isolation of pneumococci from the blood in lobar pneumonia may be equally well explained as secondary to the lung focus; but in this matter the time-relation is surely important, on the analogy of typhoid, pyelitis, streptococcal septicaemia and pyaemia, where bacteria frequently disappear from the blood when localized lesions occur. Their other arguments are more difficult to meet. The factors determining a lobar or a patchy distribution are the age, the virulence of the infection and the resistance of the patient. The causes of termination by crisis or lysis are perhaps not sufficiently explained. The necessity for cold air (50° F.) in "pneumonia" as opposed to warm air (65° to 66° F.) in "bronchitis and pneumonia," though both types are infections *via* the bronchial tree, is aimed at avoiding congestion of inflamed bronchial tubes.

It is good to see the usual advocacy of immediate evacuation of pus in empyema, qualified by the proviso "but, of course, an open pneumothorax is strongly contra-indicated in cases where there is active pneumonia."

But the most significant original contribution occurs in the course of Chapter 10 (pp. 351 to 378) on "Rheumatism and Rheumatic Carditis" and "Rheumatoid Arthritis." Once it is granted that we really do know nothing about the essential factors in the causation of acute rheumatism, some scope may be allowed for the discussion of the mysterious X factor, which is partly hereditary and partly environmental, and which determines whether a given micro-organism shall give rise to arthritis and carditis in a particular individual, asthma in someone else or the various "influenza" and respiratory low-grade infections in yet a third group. In other words, allergy or hypersensitiveness as opposed to a long list of new and separate bacterial agents is coming into vogue. Dr. Pearson's acid-alkali factor is at times, it is true, carried to a degree smacking of astrology and magic in his elaboration of Wilde's observations in his advocacy of treatment by pyrexia: (1) The subnormal temperature, (2) the dry and inactive skin except during the transient febrile periods and under artificial stimulation, when the sweat is strongly acid. Thus the argument on pp. 369 and 370 in favour of calcium phosphate as the primary cause of the symptoms followed by acid formation and probable streptococcal intervention badly wants some sort of experimental foundation, such as pH alteration of blood. But in the matter of rheumatism we require to get out of all grooves, and a theory such as this must not be neglected. Space forbids any attempt to criticize in detail the elaborations of these ideas.

The section dealing with diseases of the blood is largely based on Piney's *Hæmatology* in this series, and is therefore very sound. An excellent account in Chapter XI of abdominal diseases shows a classification which cannot fail to be useful. Laparotomy is not recommended in tuberculous peritonitis. Celiac disease is discussed along the recognised lines, with the added suggestion that while there is no evidence of defect in quantity of bile-salts, a defect in quality may be a factor.

A fine idea was the inclusion of Chapter XIX, "X-Rays in Clinical Diagnosis," with 18 very good plates. In the differential diagnosis of epiphysitis, otherwise very fully given, we think the age-factor might be mentioned in the grouping.

There are a few minor misprints: P. 121, "notwithstanding," p. 392, though for through, p. 413, months, and another on p. 455—more than we expect from Messrs. Churchill, though the format and illustrations are fully up to the mark.

This book will certainly stimulate anyone's flagging interest in the tiresome routine of clinical work, as it deals so largely with the rubbish-heap of the "ill without apparent cause."

A TEXT-BOOK OF SURGICAL DIAGNOSIS. Edited by A. J. WALTON, M.S., F.R.C.S., B.Sc., M.B. (London: Edward Arnold & Co.) Two vols. Pp. 1121. Price 63s.

It is the inevitable but rather melancholy fate that in all books on the diagnosis of disease the reader is left to the mercy of other authors for all information on the subject of treatment. In the present volumes this disadvantage is made all the more marked, in that the editor and chief contributor has secured the services of writers who are authorities on their own subjects.

The book is primarily intended for the general practitioner interested in surgery, but the house surgeon and the candidate for the higher surgical examinations will find a mine of useful information collected therein. In general each chapter is devoted to the diseases of some particular system, and these are considered under the various headings of pathology, symptoms and differential diagnosis. The treatment of the pathological aspects of the subject varies greatly; in some sections it is discussed fully, including the histological changes; in others pathology is entirely omitted. Further, a much greater simplification would have been achieved if physical signs were not discussed under the heading of symptoms.

At a time when laboratory methods are tending to make inroads on our clinical intelligence any authoritative insistence in the latter always appears worth while. On the whole this book presents an extremely practical view of the subject and its teaching is invariably sound. But surely the anxious general practitioner seeking guidance and advice will be not a little alarmed by such nomenclature as "extra-elastica hyperplasia of the connective tissues" in the section on Diseases of the Breast?

In many of the sections there is an unfortunate amount of overlapping. For example, information as to rodent ulcer is found in the sections on Chronic Ulceration of the Skin, Tumours and Cysts of the Skin, and Diseases of the Lips, Tongue, and Salivary Glands. In all of these some of the typical signs of rodent ulcer are given, and in two of them the histological changes are discussed.

A similar but much more easily avoidable overlapping occurs in the chapters devoted to the Injuries of Bones and the Injuries of Joints. The result is that fractures in the region of joints—for example, Colles's fracture—are described under both headings.

Considered as a whole the book is a very valuable contribution to the literature of surgical diagnosis. The sections generally are clearly written; they make interesting reading and are well illustrated.

It is therefore earnestly to be hoped that in future editions the activity of the editorial blue pencil will do something to remove the minor blemishes of an otherwise excellent book.

THE PRACTICE OF REFRACTION. By W. S. DUKE-ELDER. (J. & A. Churchill.) Pp. 410. 208 illustrations.

Books written on the subject of refraction of the eye tend to make dull reading, probably because there is included in most of them a large amount of physiological optics, and also because of the difficulty in making the subject palatable.

Duke-Elder, however, in his *Practice of Refraction*, has succeeded in writing a very clear and easily readable account of this branch of ophthalmology. He has avoided the use of many and involved optical formulae. In fact the subject of optics is only very lightly touched upon, for, as he states in the preface, the book is written essentially as a guide to the practical side of refraction. The only drawback to this is that there is not enough optics included in the book to satisfy the requirements of a candidate for the D.O.M.S. Nevertheless, such a candidate is strongly recommended to read the book.

The subject-matter is divided into six sections. The first is introductory. The second deals with the theoretical principles of refraction, and discusses the various anomalies. Stress is laid on the fact that true emmetropia is a rare condition, but that not everyone with a small refractive error needs correction; the surgeon must be guided by symptoms. Section Three is devoted to the study of

accommodation and convergence. Section Four deals with muscle balance. The explanations of the types of heterophoria are lucidly put and should materially assist those who have difficulty in understanding this subject. Section Five is the most useful in the book from a practical point of view. It is concerned with clinical methods, with the practice of retinoscopy (which, the author admits, cannot be learned from books) and with the ordering of spectacles. It is recommended to order full correction for hyperphoria, wherein the author disagrees with most writers, who advocate, rightly, only two-thirds correction. Section Six gives an account of the making and fitting of spectacles, and of the various types of glasses on the market. Finally, there are some optical tables in the appendix.

Altogether a very useful asset to the numerous works on this subject; and those who are beginning, and even those who are experienced in, refraction work, will do well to read the book.

SIMPLIFIED COOKING AND INVALID DIET. By a Doctor's Wife (MOIRA MEIGN). (The Scientific Press: Faber & Gwyer, Ltd.) Pp. 186.

At last! Here is a simple book, on this sadly-neglected subject, which treats of food as a thing of delight and adventure, as a thing to be revered. No longer need the doctor, having made a correct diagnosis, and having prescribed some excellent physic, leave his patient's house murmuring the banal and useless phrase "Give him a light diet." Within this book the death knell rings for the school of "slops" for the poor sick being. The horrors preceding the next meal will be replaced by a new anticipatory pleasure.

Throughout, stress is laid upon the importance of how food should be served, including the value of surprise, the meaning of "hot" and "cold," and even of giving fanciful names to children's dishes. Yet, all practical details are clearly stated, and still more important, recipes given to suit every purse. The book is divided into two sections: the first deals with methods of cooking different dishes, the second with the preparation of special diets. Interspersed are blank pages for notes (happy thought), lists of food values, measures and other points of primary importance.

The book is an inspiration of which the departed and respected master, Brillat-Savarin, would have been proud, and nobly fulfils the object set out in the first lines of its introduction, to provide doctors with a book that they can confidently recommend to nurses, mothers and housewives.

## ACKNOWLEDGMENTS.

*The Antiseptic—The British Journal of Nursing—The British Journal of Venereal Diseases—The Bulletin of the Lying-In Hospital of the City of New York—Guy's Hospital Gazette—The Kenya and East Africa Medical Journal—The London Hospital Gazette—The Long Island Medical Journal—The St. Mary's Hospital Gazette—The Medical Review—The Medical Officer—The New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Student.*

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

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## EXAMINATIONS, ETC.

### UNIVERSITY OF CAMBRIDGE.

The following degree has been conferred:  
M.B.—Maclay, W. S.

### CONJOINT EXAMINATION BOARD.

*Pre-Medical Examination*, October, 1928.

*Chemistry*.—John, C. W., Young, A. R. C.

*Physics*.—Young, A. R. C.

*First Examination*, October, 1928.

*Part I. Anatomy*.—\*Bamford, H. C., \*Bateman, C. H., \*Bray, J. S. B., Davidson, R. T., Hatton, P. L. S., Petty, G. F., Rosenfeld, P., Wright, P. M.

\* Old Regulations.

*Part I. Physiology*.—\*Bamford, H. C., \*Bateman, C. H., \*George, C. A., Petty, G. F., Rosenfeld, P., White, F. C. H., Wright, P. M.

\* Old Regulations.

*\*Part II. Pharmacology and Materia Medica*.—Bray, J. S. B., Scott, J. D., Segalov, S., Taaffe-Finn, R. T., Winslow, V. F. F.

\* All Old Regulations.

The following have completed the examination for the Diplomas of M.R.C.S., L.R.C.P., and the Diplomas have been conferred on them:

Bellamy, W. A., Dunkerley, J. T., Evans, C. N., Gamboa, M., Guinness, H. W., Mills, W. T., Perrott, G. F. D., Robinson, R. D., Snow, J. E., Williams, L. V., Wood, F. W. J.

L.M.S.S.A.

The Diploma of the Society has been granted to the following:  
Madden, C. P.

## CHANGES OF ADDRESS.

- BATTERHAM, Capt. D. J., R.A.M.C., 17, St. Helens Park Crescent, Southsea, Hants.
- CHAMPNEYS, W. D., Ministry of Health, Whitehall, S.W. 1.
- FORD, J. N. C., 6, South Cliff Avenue, Eastbourne.
- GARDNER, A. W., Bartholomew House, Castlegate, Lewes, Sussex.
- HOLMES, L., 76, Herbert Road, Plumstead, S.E. 18.
- MYERS, C. S., 5k, Montagu Mansions, W. 1.
- OGLE-SKAN, H. W., 9, Redbourne Avenue, Finchley, N. 3.
- PECK, E. F., 30, Ladbroke Gardens, Kensington Park Road, W. 11.
- STORRS, Lt.-Col. R., R.A.M.C., 26, Devon Square, Newton Abbot, S. Devon.
- WILLIAMS, G. R., 34, Whitehall Gardens, Acton Hill, W. 3.

## APPOINTMENTS.

- CATES, H. J., M.D.(Lond.), D.P.H. (Camb.), appointed Resident Physician and Licensee to Northwoods Private Mental Hospital, Winterbourne, near Bristol.
- LESTER WILLIAMS, R., M.B., B.Chir.(Cantab.), F.R.C.S., appointed Surgeon with Charge of Out-Patients at the Seamen's Hospital, Greenwich.
- OGLE-SKAN, H. W., M.R.C.S., L.R.C.P., appointed Deputy Regional Medical Officer, Ministry of Health.
- SLINGER, L. A. P., M.R.C.S., L.R.C.P., appointed District Medical Officer, St. Lucia.
- TURTON, J. R. H., M.B., B.S.(Lond.), F.R.C.S., appointed Honorary Surgeon to the King Edward VII Hospital, Haywards Heath.
- VISICK, A. H. C., M.B., B.S.(Lond.), F.R.C.S., appointed Assistant Surgeon to York County Hospital.

## BIRTHS.

- BOWER.—On November 12th, 1928, at Bedford, to Muriel, wife of Cedric Bower—twin daughters.
- BROWNE.—On November 1st, 1928, at 27, Welbeck Street, W., to Helen, wife of Denis Browne, F.R.C.S.—a daughter.
- HORNIBROOK.—On October 25th, 1928, at Ethorpe House, Gerrard's Cross, to Margaret, wife of H. Nevill Hornibrook, M.B., B.S.(Lond.)—a son.
- HUME.—On November 23rd, 1928, at 41, Southway, N.W. 11, to Marjorie (née Poole), the wife of J. Basil Hume, M.S., F.R.C.S.—a daughter.
- KILNER.—On November 1st, 1928, at 27, Welbeck Street, W. 1, to Florence Mary, wife of T. Pomfret Kilner, F.R.C.S., of 56, Queen Anne Street, W. 1—a son.
- ROBBINS.—On November 14th, 1928, at Crantock, Finchley Road, N.W. 11, to Dorothy, wife of F. H. Robbins, M.C., F.R.C.S.E.—a daughter.

## MARRIAGES.

- EVANS—FAIRHURST.—On September 20th, 1928, at St. Philip's Church, Southport, Gerald S. W. Evans, M.B., B.Ch., eldest son of the Rev. J. Evans, Beulah, Breconshire, to Annie Evelyn, elder daughter of the late Mr. and Mrs. F. H. Fairhurst, Woking, Surrey.
- WARD—THOMAS.—On October 16th, 1928, at All Souls', Langham Place, William Roy, eldest son of the late Mr. William Ward, and Mrs. Ward, of the Old Rectory, Harting, to Marjorie, youngest daughter of Dr. and Mrs. J. E. Thomas, of Bangor, North Wales.

## DEATHS.

- ANDERSON.—On November 2nd, 1928, in a London nursing home, after an operation, Sir Hugh Kerr Anderson, F.R.S., Master of Gonville and Caius College, Cambridge, aged 63.
- NOAD.—On November 14th, 1928, at Hove, Ernest Noad, M.R.C.S. (Eng.), L.R.C.P.(Edin.), the dearly loved husband of Laurie Noad.
- RACKHAM.—On November 15th, 1928, at North Elmham, Norfolk, Arthur Richard Rackham, M.R.C.S., L.R.C.P.

## NOTICE.

*All Communications, Articles, Letters, Notices, or Books for Review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.*

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